Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above.

This dispute was received on 06/18/03.

I. DISPUTE

Whether there should be additional reimbursement for hospital admission for dates of service 02/19/03 through 02/22/03. Carrier denied services as, "F-Reimbursed in accordance with the Texas Hospital Fee Guideline. Services do not appear unusually costly. The billed charges do not meet the stop loss method standard of the 08/01/97 acute care inpatient hospital fee guideline. The charges do not indicate an unusually costly or unusually extensive length of stay. The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with labor Code 413.011(D). The intent of stop-loss payment is to compensate hospitals for inpatient stays that are costly to the facility by an unusually long length of stay or the provision of unusually costly types of services. The provision of implantables through the facility does not fit either of these situations. C-Reimbursed per negotiated contract with Health Net Plus(formerly EOS) managed care services, Inc."

II. RATIONALE

Per a conversation with Healthsouth representative ___ on 10/29/04 states a contract does not exist between the requestor and the carrier. Therefore, the contract denial becomes a moot point and this review will be in accordance with Acute Care Inpatient Hospital Guideline.

The charges for Levothroid, which is for hypothyroidism in the amount of $15.75 is not part of the compensable injury and will deducted from the total amount billed.

During the respondent's audit of the disputed services, the carrier improperly carved out the charges for the implantables and reimbursed the requestor a total of $19,261.10. Per rule 134.401(c)(4)(A)(i) this action is allowed only when stop loss is not in effect with a total audited bill below $40,000.00.

The carrier did not audit the charges per Rule 133.1, 133.301 and 134.401. Per Rule 134.401(c)(6)(v), "Audited charges are those charges which remain after a bill review by the insurance carrier has been performed."

According to Rule 134.401 (b)(2)(A) all hospitals are required to bill usual and customary. The requestor billed usual and customary. The carrier's audit (EOBs) and response failed to prove the requestor's charges were not their usual and customary. While the SOAH decision adjudicated the merits of the individual cases addressed in those specific disputes, they do not change the provisions of the Commission rules. Commission staff must follow the provisions of Rule 134.401 to determine the appropriate reimbursement. Without the appropriate audits per §133.301 and 134.401, the total of these disputed/audited charges exceed $40,000.00.

According to Rule 134.401(c)(6), the services in dispute are to be reimbursed per the Stop-Loss Method. Stop-loss is an independent methodology established to ensure fair and reasonable compensation to the hospital for unusually costly services rendered during treatment to an injured worker. Rule 134.401(c)(6)(A)(i) states that to be eligible for stop-loss payment the total audited charges for a hospital admission must exceed $40,000. The reimbursement for the entire audited admission shall be paid using a Stop-Loss Reimbursement Factor (SLRF) of 75%. The Stop-Loss Reimbursement Factor is multiplied by the total audited charges to determine the Workers Compensation Reimbursement Amount (WCRA) for the admission.

Rule 134.401(c)(6)(B) states the formula for calculating the appropriate reimbursement is:

Audited Charges x SLRF = WCRA."

$84,182.87	Total billed charges
$15.75	proper audited charges not part of the compensable injury
$84,167.12	Total audited charges
x 75%	SLRA
$63,125.34	Total recommended reimbursement
-19,261.10	Payments made
$43,864.24	Additional reimbursement recommended (WCRA)

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for hospital admission of 02/19/03 through 02/22/03. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$43,864.24** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 8th day of November, 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

Allen McDonald, Director
Medical Review Division

AM/mkb